 

NATIONAL DEPARTMENT OF HEALTH

CHIEF DIRECTORATE: NON-COMMUNICABLE DISEASES

PROJECT FUNDING APPLICATION FORM

# 1. DETAILS OF THE ORGANISATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Organisation: |  | | |
| Contact Person’s Full name: |  | | |
| Physical Address: |  | | |
| Postal Address: |  | | |
| Telephone/Cellphone: |  | | |
| E-mail address: |  | | |
| NPO Registration No (attach registration certificate): |  | | |
| Names of Board members (minimum of 3) i.e. Chairperson, Secretary and Treasurer  (Attach signed constitution) | Initials and Surname | Designation | ID number |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

# 2. ORGANISATION CORE PROGRAMME

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STATE THE ORGANISATION’S CORE PROGRAMME | | | | | |
| 2.2. PLEASE STATE YOUR ORGANISATION’S FOCUS AREAS AND INDICATE OPERATION AT DIFFERENT LEVELS | | | | | |
| No | FOCUS AREA | Global/African Region | Provinces | Districts | Sub-District/Municipality |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10.  ,etc |  |  |  |  |  |

# 3. SOURCES OF FUNDING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indicate your sources of funding in the past 2 years | Government: | Source | Amount funded | Programme areas | Operational areas |
| 1. |  |  |  |
| 2., etc. |  |  |  |
| Other: | 1. |  |  |  |
| 2. |  |  |  |
| 3., etc. |  |  |  |

# 4. TAX AND AUDIT INFORMATION:

# TICK

|  |  |  |  |
| --- | --- | --- | --- |
| Is your organisation tax compliant | YES | NO | If yes, attach the recent copy of the Tax Clearence Certificate |
| Has your organisation been audited before? | YES | NO | If yes, attach the latest audit report. |

# 5. YOUR PROPOSAL NOT TO EXCEED FIVE (5) PAGES

**See specifications attached**

**6. PERSONNEL PROFILES (attach** CVs, qualifications and current proof of registration and license to practice where applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Initials and Surname | ID number | Highest qualification | Designation |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5., etc |  |  |  |

**7. FUNDS REQUESTED** (breakdown of costs and the total amount requested per year)

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET ITEMS** | **Year 1** | **Year 2** | **Year 3** |
| **Amount in ZAR** | **Amount in ZAR** | **Amount in ZAR** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

**INITIALS AND SURNAME OF THE APPLICANT:**

**SIGNATURE OF APPLICANT:**

**DESIGNATION:**

**DATE:**

**PROPOSAL SPECIFICATIONS**

1. **Executive Summary**

* Vision statement
* Mission statement
* Operational Plan: (commitment of what NDoH will get)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * + **Outcome1:** | | | | | | | |
| * + **Output** | * + **Output indicator** | * + **Target**   + **Year 1** | * + **Target**   + **Year 2** | * + **Target**   + **Year 3** | * + **Activities** | * + **Budget per activity** | * + **Dependencies** |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Etc.**

1. **Organisation Description**

* **Overview:**
  + Services offered
  + Quality control measures
  + Previous work successfully completed including contactable references
* **Statement of needs:** Reasons for offering services
* **Business model:** How are funds raised to ensure sustainability?
* **Marketing plan:** How do you market your services?

1. **Risk Management**

* **Risk Assessment:**
  + Potential risks: operational risks, financial risks.
  + Mitigation strategies: Insurance, contingency planning.
* **Regulatory Compliance:**
  + Adherence to all applicable regulations.
  + Data privacy and security measures.